

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 9 1960

-60-027291

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 367

ENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <i>(Blue)</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>				Length of stay in 1b <b>24 Years</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>9417 Manchester Street</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>9417 Manchester Street</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>Leon</b> Middle <b>D.</b> Last <b>Brooks</b>				4. DATE OF DEATH Month <b>July</b> Day <b>29</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-23-07</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pullman Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Junction City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Henry Worth Brooks</b>			13b. MOTHER'S MAIDEN NAME <b>Lena Tenney</b>			14. NAME OF HUSBAND OR WIFE <b>Nancy Jane Brooks</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-07-3693</b>		17. INFORMANT Address <b>Nancy Jane Brooks 9417 Manchester St. K.C.MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1-2 hours</b>
DUE TO (b) <b>Acute Coronary occlusion</b>							
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes Mellitus</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>8-7-50</b> to <b>7-29-60</b> and last saw her alive on <b>3-16-59</b>		Death occurred at <b>4:00</b> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title)				22b. ADDRESS <b>M.D., All Nichols Road, K. C. Mo.</b>		22c. DATE SIGNED <b>7-29-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 1, 1960</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Green Lawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons Kansas City, M.</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-60</b>		26. REGISTRAR'S SIGNATURE <i>James H. [Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF John H. Wheeler MEDICAL CERTIFICATION

AUG 12 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond M. Har

Licensed Embalmer No. 4913

P. O. Address 2 dep. mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.